TEST #8

FORMS INCUDED: 1040, IDAHO FORM 43,

FORM1040

First, initial and last names;

Social security number:

Spouse's first, initial and last name: Spouse's Social security number:

Home address: City, state and zip:

Do you want \$1 to go to Presidential campaign fund:

Spouse:

Filing status:

Number of boxes checked on 6a: Total number of exemptions:

Line 18 Farm income
Line 21 Other income
Line 27 Self-employment tax

Line 37 Adjusted gross income:

IDAHO REFUND

90

Taxpayers Occupation: Farmer
Spouses Occupation: Homemaker

TEST E RATT 400-00-5908 WHARF B RATT 400-00-5923

452 MOUSETRAP CT CHEESETOWN PA 17201

YES YES

MARRIED FILING JOINTLY

F 43

$_{\mathbb{R}}$ Idaho part-year resident & nonresident income tax return 2007

ı	<u>M</u> EFO00091 6-15-07∨8		- -				
	AMENDED RETURN, check the box. State U	Ise Only					
	See instructions, page 12 for the reasons						
	for amending and enter the number.				Your S	ocial Securi	ty Number (required)
For	calendar year 2007, or fiscal year beginning	, en	ding				
	Your first name and initial Last name						
OR					Snou	se's Social S	ecurity Number (required)
PLEASE PRINTOR TYPE	Spouse's first name and initial Last name						county (required)
E PRI TYPE							
<u>~</u> ≻	Mailing address	r decease	d				
Ε¥S							
7	City, state, and Zip Code Spouse C						
		•					
If yo	u or your spouse are nonresident aliens for federal purpose	es, check he	ere. 📗 Do you	need tax fo	orms mailed to yo	u next ye	ar? • Yes • No
Resi	dency status Resident Idah	o Resident on A	Active Military Duty	Nonresi	ident Part-	ear Reside	nt Military Nonresident
	k one for your spause 1. Yourself	2 • 🗀]	3 • □	4		5 • <u> </u>
and one for your spouse 2. Spouse 1 2 2 3						'	
Full	months in Idaho this year - Yourself Spous	e	Indicate current	state of re	esidence.	Yourself	- Spouse
Filin						I I want \$	1 of my Income tax to go to
	g status If filing married joint or separate return, enter spouse's name and Social Security number above.	eral return.		the Idaho	Election Campai	gn Fund (\$2 on joint return).
1.	Single a. Yourself	f If par	ents, or someone	7	7. Yourself 8. Spo	use	7. Yourself 8. Spouse
2.	Married filing joint return b. Spouse	else,	can claim you (or spouse) as	n you (or Constitution			United •
3.	Married filing separate return C. Other dep		ndents, enter "0."	Democ	ratic	- No	Specific •
4.	Head of household d. Total exer					1	None
5.	Qualifying widow(er)	приопо		Liberta		+	None
	Must match federal return			Republ	lican •		
	IDAHO INCOME. See instructions, page 13.						Idaho Amounts
HERE	9. Wages, salaries, tips, etc. Attach Form(s) W-2					• 9	00
罜	10. Taxable interest income					1 0	00
N.	11. Dividend income					1 1	00
ME	12. Alimony received					1 2	00
λĄ	13. Business income or (loss). Attach federal Schedule C or C-EZ						00
Ξ	14. Capital gain or (loss). If required, attach federal Sche	1 4	00				
ATTACH PAYMENT	15. Other gains or (losses). Attach federal Form 4797		00				
F	16. IRA distributions (taxable amount)						00
	17. Pensions and annuities (taxable amount)					1 7	00
Щ	18. Rents, royalties, partnerships, S corporations, trusts,	etc. Attac	h federal Schedu	ule E		18	00
IER	19. Farm income or (loss). Attach federal Schedule F	1 9	00				
SH	20. Unemployment compensation	2 0	00				
H	21. Other income. Attach explanation	2 1	00				
COPIES	22. TOTAL INCOME. Add lines 9 through 21					22	00
W-2	IDAHO ADJUSTMENTS. See instructions, page 14.						
	23. Deductions for IRAs and health savings account	2 3	00_				
1	24. Moving expenses. Attach federal Form 3903		00				
STATE	25. Deductions for self-employment tax, health insurance	2 5	00				
I	26. Penalty on early withdrawal of savings						00
АТТАСН	27. Other deductions. See instructions					27	00
F	28. TOTAL ADJUSTMENTS. Add lines 23 through 27						00
	29. ADJUSTED GROSS INCOME. Subtract line 28 from line 22						
	If you have an NOL and are electing to forego the ca	arryback pe	riod, check here	• 🔲		2 9	00
• [Within 180 days of receiving this return, the Idaho State Tax C Under penalties of perjury, I declare that to the best of my kno						
	Your signature	Date			· · · · · · · · · · · · · · · · · · ·		
eie.	signature	Date					x 56, Boise, ID 83756-0056
SIGN HERE	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phor		TACH A CO	WIPLETE COPY C	r TOUR I	FEDERAL RETURN.
					111		
Paid preparer's signature Preparer's EIN, SSN, or PTIN							
Addre	ess and phone number						

Page 2

	Form 43 - 2007 EF000091p2 6-15-07_V8	Column A - Total		Column B - Idaho	
	30. Enter amount from federal Form 1040, line 37, 1040A, line 21, or 1040EZ,	20	00		00
Ø	line 4 in Column A. Enter amount from line 29 in Column B		00		00
JENT 4	31. Additions from Form 39NR, Part A, line 4. Attach Form 39NR		00		00
USTM See page	32. Income after additions. Add lines 30 and 31		00		00
ADJUSTMENTS Sæ page 14	33. Subtractions from Form 39NR, Part B, line 26. Attach Form 39NR		00		00
_ ∢	34. TOTAL ADJUSTED INCOME. Subtract line 33 from line 32		00		00
	·	b. Check if blind			ouse
	c. If your parent or someone else can claim you as a dependent, che			36	00
	36. Itemized deductions. Attach federal Schedule A. Federal limits app	,	-	37	00
	37. All state and local income or general sales taxes included on federal Most 38. Subtract line 37 from line 36		38	00	
	ople 50. Subtract line 37 from line 36		39	00	
Sino	39. Standard deduction. See instructions, page 14, if you checked any boxes on line 35				
	d filing	\vdash	40 41	00	
	41. Add line 40 and the LARGER of line 38 or line 39	_	42	<u> 00</u>	
φυ	42. Idaho percentage. Divide line 34, Column B, by line 34, Column A		\vdash	43	
	43. Multiply amount on line 41 by the percentage on line 42 and enter the		-	14	00
	ehold: 44. Idaho taxable income. Subtract line 43 from line 34, Column B 850 45. TAX from tables or rate calculus. See instructions, page 34.		14 45	00	
	40. TAX from tables of fate scriedule. See instructions, page 34		\vdash		00
	46. Income tax paid to other states. Attach Form 39NR and other state in the or contributions to Idaho educational entities.		-	46	00
	lifying		-	47	00
	w(er): 48. Credit for contributions to Idaho youth and rehabilitation facilities			48	00
\$10	49. Credit for live organ donation expenses			49	00
	50. Total business income tax credits from Form 44, Part I, line 15. Attac		<u> </u>	50	00
	51. Line 45 minus lines 46 through 50. If less than zero, enter zero		_	51	00
	52. Fuels tax due. Attach Form 75			52	00
OTHER TAXES See page 17	53. Sales/Use tax due on mail order, Internet, and other nontaxed purchases		_ ⊢`	53	00
HER TAXI See page 17	54. Total tax from recapture of income tax credits from Form 44, Part II, line 11. A			54	00
THE Page	55. Tax from recapture of qualified investment exemption (QIE). Attach Form 49E	• 5	55	00	
0	56. Permanent building fund. Check the box if you are receiving Idaho public assi	. ,		56 10	
	57. TOTAL TAX. Add lines 51 through 56		\neg	57	00
	58. I wish to donate to the Nongame Wildlife Conservation Fund			58	00
DONATIONS See page 17	59. I wish to donate to the Children's Trust Fund/Child Abuse Prevention			59	00
NATTION See page 17	60. I wish to donate to the Idaho Guard and Reserve Family Support Fund		50	00	
8 -	61. I wish to donate to the American Red Cross of Greater Idaho fund	• 6	61	00	
	62. TOTAL TAX PLUS DONATIONS. Add lines 57 through 61	$\overline{}$	62	00	
	63. Grocery credit. Nonresidents do not qualify. See instructions, page 17		• 6	63	00
ω.	64. Maintaining a home for family member age 65 or older, or developmentally disab	led. Attach Form 39NR	• 6	64	00
PAYMENTS See page 17	65. Special fuels tax refund Gasoline tax refund	Attach Form 75	6	65	00
PAYII	66. Idaho income tax withheld. Attach Form(s) W-2	. 6	66	00	
_	67. 2007 Form 51 payment(s) and amount applied from 2006 return	. 6	67	00	
	68. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 63 through 67	6	68	00	
	69. TAX DUE. Subtract line 68 from line 62	_			7
ш "	OS. TAX DOE. Subtract line of north line oz] 00
TAX DUE See page 18	70. Penalty Interest from the due date	Enter total	Ţ	70	00
₹ g	Check box if penalty is due to an ineligible withdrawal from an Idaho medical		H'		
	71. TOTAL DUE. Add lines 69 and 70	. 7	71	00	
	72. OVERPAID. Line 68 minus lines 62 and 70		-	72	00
 6			′	2	
REFUND See page 19	73. REFUND. Amount of line 72 to be refunded to you				00
<u>я</u> я					
	74. ESTIMATED TAX. Amount of line 72 to be applied to your 2008 estimated tax	• 7	74	00	
	75. DIRECT DEPOSIT. See instructions, page 19.		_	Type of •	Checking
■ Routing N	lo. Account No.			Account: • S	Savings
	76. Total tax due (line 71) or overpayment (line 72)	00			
DED IRN 19	77. Refund from original return plus additional refunds 77	00			
AMENDED RETURN page 19	70. The model with a district matter a different town and				
4 m m	78. Tax paid with original return plus additional tax paid 79. Amended tax due or refund. Add lines 76 and 77	00			
	and subtract line 78	00 111 11	■ II 1 -	■■	
		<u> </u>	. /	2 0 0	